

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015408

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 184

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

VS.300
Rev. 4/59

1 0269

2 07602

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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| | | | |
|---|---|--|---------------------------|
| 1. PLACE OF DEATH a. COUNTY COLE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY OSAGE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY | | c. CITY OR TOWN LINN | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHARLES STILL HOSPITAL | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First MARY Middle MAY Last ERHARDT | | 4. DATE OF DEATH Month April Day 30, Year 1963 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 7-5-1883 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11a. BIRTHPLACE (City and state or country) Crook, Mo. | | 12. CITIZEN OF WHAT COUNTRY: USA | |
| 13a. FATHER'S NAME Albert A Baclesse | | 13b. MOTHER'S MAIDEN NAME Emily Malan | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT WM A. Hurst | | Address Sedalia, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS arteriosclerotic cardiovascular dis. DUE TO (b) 1 min DUE TO (c) 5 yrs | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) aortic fibrillation - Left Vent. | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour e.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 4/29/63 to 4/30/63 and last saw him alive on 4/30/63 | | Death occurred at 11:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (In full name or title) J. E. Jaffer | | 22b. ADDRESS Jefferson City | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE May 4, 1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Linn Public Cemetery | | 23d. LOCATION (City, town, or county) Linn, Mo. | |
| 24. FUNERAL DIRECTOR Gillespie Funeral Home . Sedalia, Mo. | | 25. DATE RECD. BY LOCAL REG. 3 May 1963 | |
| 26. REGISTRAR'S SIGNATURE R. P. Richter Dep | | | |

(Licensed Embalmer's Statement on Reverse Side)

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MAY - 6 1963

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon M. Martin

Licensed Embalmer No. 4125

P. O. Address Lynn, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.